

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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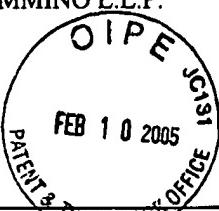
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26294 7590 11/15/2004

TAROLLI, SUNDHEIM, COVELL & TUMMINO L.L.P.  
526 SUPERIOR AVENUE, SUITE 1111  
CLEVELAND, OH 44114

02/11/2005 MBERHE1 00000052 10053144

01 FC:1501 1400.00 OP  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Richard Kline	(Depositor's name)
	(Signature)
2-4-05	(Date)

APPLICATION NO.	FILING DATE	NAME NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/053,144	01/18/2002	Eric C. Erike	TRW(VSSIM)3971-1	6501

TITLE OF INVENTION: HIGH STRENGTH AIR BAG QUALITY STEEL

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1370	\$300	\$1670	02/15/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
MORILLO, JANEL COMBS	1742	148-610000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Tarolli, Sundheim, Covell & Tummino L.L.P.

2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE  
TRW Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
Lyndhurst, Ohio

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

- 4a. The following fee(s) are enclosed:  
 Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 15
- 4b. Payment of Fee(s):  
 A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment. Deposit Account Number 20-0090 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)  
 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature   
Typed or printed name Thomas L. Tarolli

Date 2-4-05  
Registration No. 20,177

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 2/17/05

2 Serial/Patent # 10/053144

3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment			\$
Extension of Time			\$
Notice of Appeal/Appeal			\$
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Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
<input checked="" type="checkbox"/> Other <i>Advance Order fee</i>			\$ 45

7 TOTAL AMOUNT OF REFUND \$ 45

8 TO BE REFUNDED BY:

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Credit Deposit A/C #:

9 26-0090

10 REASON:

Overpayment

Duplicate Payment

No Fee Due (Explanation):

*Case will not issue*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: J. T. Wicks

TITLE: Pat. Ex'n

SIGNATURE: J. T. Wicks

PHONE: 571 272 3218

OFFICE: JT

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APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

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Crystal Park One, Room 802B